

S. No. 2
M-5-42
7-5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15106

State File No.

FILED APR 29 1948

Registration District No. 322

Primary Registration District No. 3021

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Slater
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 70 yrs
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
 (c) City or town Slater
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Ulyses Grant Moore
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
 year 1948 hour 1 minute a M.

4. Sex male 5. Color or race negro
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife

21. I hereby certify that I attended the deceased from March 7
1st 1948 to March 9 1948
 that I last saw him alive on March 9th 7 P.M. 1948
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: December 25 1975
 (Month) (Day) (Year)

Immediate cause of death: Mitral insufficiency
don't know Duration

8. AGE: Years 72 Months 2 Days 15
 If less than one day hr. min.

Due to old age - dropsy
 Due to

9. Birthplace: Chariton Co. MO.
 (City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations

10. Usual occupation: laborer
 11. (a) Name of father: Abraham Moore
 13. (a) Birthplace: don't know
 (City, town, or county) (State or foreign country)

Of autopsy: no
 PHYSICIAN: Underline the cause to which death should be charged statistically.

15. Birthplace: don't know
 (City, town, or county) (State or foreign country)
 16. (a) Informant: Nevara Farley
 (b) Address: Slater, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

17. (a) burial (b) Date thereof: 3-12-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Slater, Mo.
 18. (a) Signature of funeral director: Hill Brothers,
Slater, Mo.
 (b) Address: Slater, Mo.
 19. (a) Apr 12 48 (b) Ms. Earl C. Met
 (Date received local registrar) (Registrar's signature)

(c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)
 While at work? no (e) Means of injury: 2
 23. Signature: R. B. ... (M. D. or other) 50
 Address: Slater Date signed: 3/10

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOVER FATHER

coll. by ...

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-28-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Guy F. Hays Jr, Registered Apprentice No. 88
working under my personal supervision.

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address State mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Saline } ss.

State File No. _____
Local Registrar's No. 8

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18th day of March, 1948, before me appears Nevora Farley, who, upon her oath, states that the original record of ^{birth} death for Ulysses Grant Moore ^{died} ~~born~~ March 10, 1948, in the State of Missouri, and which was filed at Slater, Mo. on 3/10/1948, should be corrected as follows:

Item No. 7 should read Dec., 25# 1875
Instead of 1871

Item No. 8 should read 72yrs. 4months, 14 days
Instead of 76 " " " " " " " " " " " "

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Nevora Farley daughter
Relationship: daughter

Slater, Missouri
Present Address.

Subscribed and sworn to before me this 18th day of March, 1948.

My Commission expires April 28, 1950 William H. Stewart Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

RECEIVED

District Health Officer

District File Number.....

Date Filed.....

S-15106